

		FOR OHF USE					

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2003
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2003)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<p>I. IDPH Facility ID Number: <u>0038000</u></p> <p>Facility Name: <u>Alden Town Manor Rehab & HCC</u></p> <p>Address: <u>6120 W. Ogden</u> <u>Cicero</u> <u>60605</u> Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(773) 286-3883</u> Fax # <u>(773) 286-3743</u></p> <p>IDPA ID Number: <u>36-3695814</u></p> <p>Date of Initial License for Current Owners: <u>09/16/92</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>STEVEN M. KROLL</u> Telephone Number: <u>(773) 286-3883</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2003</u> to <u>12/31/2003</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td data-bbox="1150 678 1283 829" rowspan="2">Officer or Administrator of Provider</td> <td data-bbox="1283 678 1923 727">(Signed) _____ (Date) _____</td> </tr> <tr> <td data-bbox="1283 727 1923 751">(Type or Print Name) <u>STEVEN M. KROLL</u></td> </tr> <tr> <td data-bbox="1150 829 1283 878"></td> <td data-bbox="1283 776 1923 800">(Title) <u>CHIEF FINANCIAL OFFICER</u></td> </tr> <tr> <td data-bbox="1150 878 1283 1040" rowspan="4">Paid Preparer</td> <td data-bbox="1283 829 1923 878">(Signed) _____ (Date) _____</td> </tr> <tr> <td data-bbox="1283 878 1923 927">(Print Name and Title) _____</td> </tr> <tr> <td data-bbox="1283 927 1923 976">(Firm Name & Address) _____</td> </tr> <tr> <td data-bbox="1283 976 1923 1040">(Telephone) <u>()</u> Fax # ()</td> </tr> <tr> <td colspan="2" data-bbox="1150 1040 1923 1131"> <p align="center">MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p> </td> </tr> </table>	Officer or Administrator of Provider	(Signed) _____ (Date) _____	(Type or Print Name) <u>STEVEN M. KROLL</u>		(Title) <u>CHIEF FINANCIAL OFFICER</u>	Paid Preparer	(Signed) _____ (Date) _____	(Print Name and Title) _____	(Firm Name & Address) _____	(Telephone) <u>()</u> Fax # ()	<p align="center">MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	
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STATE OF ILLINOIS

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Facility Name & ID Number Alden Town Manor Rehab & HCC# 0038000 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>249</u>	Skilled (SNF)		<u>90,885</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>249</u>	TOTALS		<u>90,885</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>2,196</u>	<u>1,786</u>	<u>7,818</u>	<u>11,800</u>	8
9	SNF/PED					9
10	ICF	<u>52,785</u>	<u>7,146</u>	<u>503</u>	<u>60,434</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>54,981</u>	<u>8,932</u>	<u>8,321</u>	<u>72,234</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 79.48%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)NONEF. Does the facility maintain a daily midnight census? YESG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☐ NO ☒

I. On what date did you start providing long term care at this location?

Date started 6/15/93

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 6/1/92 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number
of beds certified 64 and days of care provided 5,808Medicare Intermediary ADMINISTAR FEDERAL, INC

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/03 Fiscal Year: 12/31/03

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	368,285	53,618	6,900	428,803	469	429,272		429,272			1
2	Food Purchase		473,762		473,762	(44,207)	429,555	(28,220)	401,335			2
3	Housekeeping	206,898	34,661		241,559	628	242,187		242,187			3
4	Laundry	67,387	19,555		86,942		86,942		86,942			4
5	Heat and Other Utilities			303,872	303,872		303,872	(8,596)	295,276			5
6	Maintenance	66,095	97	160,823	227,015		227,015	16,236	243,251			6
7	Other (specify):* Security			131	131		131		131			7
8	TOTAL General Services	708,665	581,693	471,726	1,762,084	(43,110)	1,718,974	(20,580)	1,698,394			8
	B. Health Care and Programs											
9	Medical Director			125,388	125,388		125,388		125,388			9
10	Nursing and Medical Records	3,034,329	190,153	8,416	3,232,898	3,952	3,236,850	(46,750)	3,190,100			10
10a	Therapy	80,282			80,282		80,282		80,282			10a
11	Activities	65,010	3,052	8,205	76,267		76,267		76,267			11
12	Social Services	32,180			32,180		32,180		32,180			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	3,211,801	193,205	142,009	3,547,015	3,952	3,550,967	(46,750)	3,504,217			16
	C. General Administration											
17	Administrative	192,731			192,731		192,731		192,731			17
18	Directors Fees											18
19	Professional Services			805,839	805,839	35,145	840,984	(759,566)	81,418			19
20	Dues, Fees, Subscriptions & Promotions			63,972	63,972		63,972	(52,376)	11,596			20
21	Clerical & General Office Expenses	500,634	19,594	62,724	582,952	49	583,001	36,520	619,521			21
22	Employee Benefits & Payroll Taxes			594,675	594,675	39,109	633,784	68,000	701,784			22
23	Inservice Training & Education											23
24	Travel and Seminar			2,315	2,315		2,315	15,062	17,377			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			159,811	159,811		159,811	14,551	174,362			26
27	Other (specify):* bad debt			220,301	220,301		220,301	(220,301)				27
28	TOTAL General Administration	693,365	19,594	1,909,637	2,622,596	74,303	2,696,899	(898,110)	1,798,789			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	4,613,831	794,492	2,523,372	7,931,695	35,145	7,966,840	(965,440)	7,001,400			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS

Page 4

Facility Name & ID Number

Alden Town Manor Rehab & HCC

#0038000

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			69,063	69,063		69,063	313,864	382,927			30
31	Amortization of Pre-Op. & Org.			9,343	9,343		9,343	4,730	14,073			31
32	Interest			95,976	95,976		95,976	723,695	819,671			32
33	Real Estate Taxes			15,108	15,108	(35,145)	(20,037)	753,169	733,132			33
34	Rent-Facility & Grounds			1,698,908	1,698,908		1,698,908	(1,698,908)				34
35	Rent-Equipment & Vehicles			9,978	9,978		9,978	27,761	37,739			35
36	Other (specify):* mortgage insurance premium							55,849	55,849			36
37	TOTAL Ownership			1,898,376	1,898,376	(35,145)	1,863,231	180,160	2,043,391			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		338,149	461,477	799,626		799,626	(210,842)	588,784			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			136,327	136,327		136,327		136,327			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		338,149	597,804	935,953		935,953	(210,842)	725,111			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,613,831	1,132,641	5,019,552	10,766,024		10,766,024	(996,122)	9,769,902			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	14,451	30		9
10	Interest and Other Investment Income	(228)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,609)	2		13
14	Non-Care Related Interest	(64,956)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(22,126)	21		17
18	Fines and Penalties	(2,258)	32		18
19	Entertainment	(1,890)	20		19
20	Contributions	(5,039)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(19,983)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(220,301)	27		24
25	Fund Raising, Advertising and Promotional	(42,547)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (367,486)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(701,966)	Various	34
35	Other- Attach Schedule	73,330	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (628,636)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (996,122)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39			x			39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

STATE OF ILLINOIS

Page 5A

Alden Town Manor Rehab & HCC

ID# 0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Add prior year depreciation adj-furniture & fixtures	\$ 351	30	1
2	Reclass vendor settlements from Line 21 to Line 6	(6,881)	6	2
3	Reclass vendor settlements from Line 21 to Line 6	6,881	21	3
4	Back out prior yr cr adj in 7143 for hvac/misc repairs(ven	6,881	6	4
5	Illinois Healthcare Association-Pac Fees	(3,580)	20	5
6	Back out Marketing Salaries	(34,867)	21	6
7	Late fees on utilities	(12,283)	5	7
8				8
9				9
10	W/G Serv Fee (GL 4977)	(104)	22	10
11	Park Rental (GL 4977)	(800)	5	11
12	Medical Records (GL 4977)	(826)	21	12
13	GOLMED Gold Medal-Chicago Inc	(199)	21	13
14	Back out refund for Real Estate Tax-1999,2000 & 2001 S	106,500	33	14
15	Depreciation on Deferred Maintenance "Painting"	3,348	6	15
16	Back out Use Tax Payable Credit for 1998 (Cicero Associ	19,018	21	16
17	Back out depreciation adj in Cicero Associates	(2,765)	30	17
18	Back out AMS Legal payment (GL 6806)	(2,000)	19	18
19	Marketing Employ. Benefits deduction	(5,344)	22	19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
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42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	73,330		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,609)	0	0	(25,611)	0	0	0	0	0	0	0	(28,220)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(13,083)	0	4,487	0	0	0	0	0	0	0	0	(8,596)	5
6	Maintenance	3,348	0	14,572	0	0	0	(42)	(1,642)	0	0	0	16,236	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(12,344)	0	19,059	(25,611)	0	0	(42)	(1,642)	0	0	0	(20,580)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(45,862)	(888)	0	0	0	0	0	0	(46,750)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	(45,862)	(888)	0	0	0	0	0	0	(46,750)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(21,983)	4,551	(742,134)	0	0	0	0	0	0	0	0	(759,566)	19
20	Fees, Subscriptions & Promotions	(53,056)	0	680	0	0	0	0	0	0	0	0	(52,376)	20
21	Clerical & General Office Expenses	(32,119)	0	40,003	20,207	8,429	0	0	0	0	0	0	36,520	21
22	Employee Benefits & Payroll Taxes	(5,448)	0	71,527	0	1,921	0	0	0	0	0	0	68,000	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	15,062	0	0	0	0	0	0	0	0	15,062	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	14,202	349	0	0	0	0	0	0	0	0	14,551	26
27	Other (specify):*	(220,301)	0	0	0	0	0	0	0	0	0	0	(220,301)	27
28	TOTAL General Administration	(332,907)	18,753	(614,513)	20,207	10,350	0	0	0	0	0	0	(898,110)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(345,251)	18,753	(595,454)	(51,266)	9,462	0	(42)	(1,642)	0	0	0	(965,440)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	12,037	289,422	10,584	0	1,821	0	0	0	0	0	0	313,864 30
31	Amortization of Pre-Op. & Org.	0	2,603	2,025	0	0	102	0	0	0	0	0	4,730 31
32	Interest	(67,442)	730,349	59,861	0	773	154	0	0	0	0	0	723,695 32
33	Real Estate Taxes	106,500	637,934	8,413	0	322	0	0	0	0	0	0	753,169 33
34	Rent-Facility & Grounds	0	(1,698,908)	0	0	0	0	0	0	0	0	0	(1,698,908) 34
35	Rent-Equipment & Vehicles	0	0	27,761	0	0	0	0	0	0	0	0	27,761 35
36	Other (specify):*	0	55,849	0	0	0	0	0	0	0	0	0	55,849 36
37	TOTAL Ownership	51,095	17,249	108,644	0	2,916	256	0	0	0	0	0	180,160 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(26,260)	(35,790)	(148,792)	0	0	0	0	0	(210,842) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	0	0	0	(26,260)	(35,790)	(148,792)	0	0	0	0	0	(210,842) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(294,156)	36,002	(486,810)	(77,526)	(23,412)	(148,536)	(42)	(1,642)	0	0	0	(996,122) 45

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2003

Ending:

12/31/2003

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Pg 6L		See Pg 6K		See Pg 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	34 Rent income	\$ 1,698,908	Alden - Cicero Association		\$	\$ (1,698,908)
2	V	32 Investment Income - RR	1,406	Alden - Cicero Association			(1,406)
3	V			Alden - Cicero Association			
4	V			Alden - Cicero Association			
5	V	19 Accounting Fees		Alden - Cicero Association		3,800	3,800
6	V	19 Licenses & Inspections		Alden - Cicero Association		751	751
7	V	33 Real Estate taxes		Alden - Cicero Association		637,934	637,934
8	V	26 General Insurance Expense		Alden - Cicero Association		14,202	14,202
9	V	36 Mortgage insurance premium		Alden - Cicero Association		55,849	55,849
10	V	32 Interest on mortgage		Alden - Cicero Association		610,698	610,698
11	V	32 Interest on Operating Loss Loan		Alden - Cicero Association		121,057	121,057
12	V	30 Depreciation Expense		Alden - Cicero Association		289,422	289,422
13	V	31 Amortization Expense		Alden - Cicero Association		2,603	2,603
14	Total		\$ 1,700,314			\$ 1,736,316	\$ * 36,002

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	19 management fees	\$ 762,049	Alden Management Services	100.00%	\$	\$ (762,049)	15
16	V	22 employee benefits		Alden Management Services		71,527	71,527	16
17	V	19 professional fees		Alden Management Services		19,915	19,915	17
18	V	21 gen'l & admin		Alden Management Services		40,003	40,003	18
19	V	5 utilities		Alden Management Services		4,487	4,487	19
20	V	6 maintenance		Alden Management Services		14,572	14,572	20
21	V	24 travel & seminar		Alden Management Services		15,062	15,062	21
22	V	26 insurance		Alden Management Services		349	349	22
23	V	20 dues & subscriptions		Alden Management Services		680	680	23
24	V	30 depreciation		Alden Management Services		10,584	10,584	24
25	V	31 amortization		Alden Management Services		2,025	2,025	25
26	V	33 real estate tax		Alden Management Services		8,413	8,413	26
27	V	34 rent-facilities		Alden Management Services				27
28	V	35 rent-equip & vehicles		Alden Management Services		27,761	27,761	28
29	V	32 interest		Alden Management Services		59,861	59,861	29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 762,049			\$ 275,239	\$ * (486,810)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	2 tube-feeding	\$ 50,758	Pyramid Health Care	100.00%	\$ 25,147	\$ (25,611)	15
16	V	10 nursing supplies	49,404	Pyramid Health Care		3,542	(45,862)	16
17	V	39 per diems/other supplies	57,088	Pyramid Health Care		30,828	(26,260)	17
18	V	21 gen'l& admin		Pyramid Health Care		20,207	20,207	18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 157,250			\$ 79,724	\$ * (77,526)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 drugs	\$ 121,854	Forum Extended Care II	100.00%	\$ 102,944	\$ (18,910)	15
16	V	10 house stock	5,717	Forum Extended Care II		4,829	(888)	16
17	V	39 I.V.	108,767	Forum Extended Care II		91,887	(16,880)	17
18	V	22 employee benefits		Forum Extended Care II		1,921	1,921	18
19	V	21 gen'l & admin		Forum Extended Care II		8,429	8,429	19
20	V	32 interest		Forum Extended Care II		773	773	20
21	V	33 real estate tax		Forum Extended Care II		322	322	21
22	V	30 depreciation		Forum Extended Care II		1,821	1,821	22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 236,338			\$ 212,926	\$ * (23,412)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 therapy	\$ 451,692	Community Physical Therapy	100.00%	\$ 302,900	\$ (148,792)	15
16	V	32 interest		Community Physical Therapy		154	154	16
17	V	31 amortization		Community Physical Therapy		102	102	17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 451,692			\$ 303,156	\$ * (148,536)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Town Manor Rehab & HCC# 0038000Report Period Beginning: 01/01/2003Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	6 repairs and maintenance	\$ 12,986	Alden Bennett Construction		\$ 12,944	\$ (42)	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 12,986			\$ 12,944	\$ * (42)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending: 12/31/2003

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 CARPET CLEANING	\$ 19,238	ALDEN REALTY - CARPET CARE		\$ 17,903	\$ (1,335)	15
16	V	6 FLOOR CLEANING	\$ 5,400	ALDEN REALTY - FLOOR CARE		\$ 5,093	\$ (307)	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 24,638			\$ 22,996	\$ * (1,642)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

Page 6K

Facility Name & ID Number ALDEN NURSING CENTER - TOWN MANOR

003-3800

Report Period Beginning 01/01/03

Ending: 12/31/03

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Waterford	Aurora
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomington
ANC Village for Children & Young Adults	Bloomington
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomington
Alden of Old Town West	Bloomington
Alden Trails	Bloomington
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Town Manor

Pg 6L

NAMES OF OWNERS OWNERSHIP %s

Stuart Goldsand	7.07
Julian Bailes MD	2.02
Aaron Carl	1.01
Lu Sezenov	6.06
Mildred Schlossberg	10.10
Ronald Eaton	6.06
John Vercillo	2.02
Brett Carl	1.01
Larry Saunders	1.01
Floyd A. Schlossberg	40.91
Joan/Sam Carl	12.12
William Holway	5.05
Richard Kern	2.02
Ritchie Schullo	2.02
Randi Schullo	1.01
Ellen Frymire	0.52
	<hr/>
	100.00
	<hr/>

STATE OF ILLINOIS

Page 7

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2003 Ending: 12/31/2003

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive		323,228	2.692	6.73	SALARY	\$ 23,324	17-1	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.		81,205	2.692	6.73	SALARY	5,860	10-1	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten		78,528	2.692	6.73	SALARY	5,666	6-1	3
4	Joan Carl d.	Secretary	Vice-President		203,454	2.692	6.73	SALARY	14,681	17-1	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of Alden Management Services, Inc.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 49,531		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Town Manor Rehab & HCC # 0038000 Report Period Beginning: 01/01/2003 Ending: 2/31/2003

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W. Peterson Ave.
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	see page 8A (also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge Healthcare		x	Mortgage	\$58,982.00	1/2003	\$ 10,617,600	\$ 10,521,005	12/2037	5.7800	\$ 610,698	1	
2	Cambridge Healthcare		x	Operating Loss Loan	\$10,728.00	1/2003	2,104,700	2,085,552	10/2038	5.7800	121,057	2	
3	Leumi		x	Line of Credit	\$26,250.00	6/13/2003	1,200,000	985,536	5/31/2004	4.7500	16,356	3	
4	Corus-(Refinanced to Leumi Loan)		x	Line of Credit	\$26,250.00	2/2001	1,200,000		5/1/03	6.2500	10,760	4	
5												5	
	Working Capital												
6	related party-ams& other	x		working capital							59,861	6	
7	related party-cpt//bus loan	x		working capital,bus loan							1,800	7	
8	related party-fecII	x		working capital							773	8	
9	TOTAL Facility Related				\$122,210.00		\$ 15,122,300	\$ 13,592,093			\$ 821,305	9	
	B. Non-Facility Related*												
10	offset Cicero Assoc interest expense with interest income on Repl reserve										(1,406)	10	
11												11	
12	offset Interest expense with Interest Income (GL4964,4983)										(228)	12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (1,634)	14	
15	TOTALS (line 9+line14)						\$ 15,122,300	\$ 13,592,093			\$ 819,671	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 55,849 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

B. Real Estate Taxes

NOTES:

1. Please indicate a negative number by use of brackets (). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>13-32-115-017-0000</u>	<u>Nursing home facility</u>	\$ <u>1,568.33</u>	\$ <u>1,568.33</u>
2. <u>13-32-115-018-0000</u>	<u>Nursing home facility</u>	\$ <u>1,568.33</u>	\$ <u>1,568.33</u>
3. <u>13-32-115-019-0000</u>	<u>Nursing home facility</u>	\$ <u>59,003.72</u>	\$ <u>59,003.72</u>
4. <u>13-32-115-020-0000</u>	<u>Nursing home facility</u>	\$ <u>82,338.64</u>	\$ <u>82,338.64</u>
5. <u>13-32-115-026-0000</u>	<u>Nursing home facility</u>	\$ <u>307,370.01</u>	\$ <u>307,370.01</u>
6. <u>16-32-116-020-000</u>	<u>Nursing home facility</u>	\$ <u>137,980.05</u>	\$ <u>137,980.05</u>
7. <u>16-32-116-021-000</u>	<u>Nursing home facility</u>	\$ <u>57,929.81</u>	\$ <u>57,929.81</u>
8. <u>16-32-116-022-000</u>	<u>Nursing home facility</u>	\$ <u>58,296.16</u>	\$ <u>58,296.16</u>
9. <u>16-32-116-023-000</u>	<u>Nursing home facility</u>	\$ <u>3,164.55</u>	\$ <u>3,164.55</u>
10. <u>16-32-116-024-000</u>	<u>Nursing home facility</u>	\$ <u>3,069.06</u>	\$ <u>3,069.06</u>
	TOTALS	\$ <u><u>712,288.66</u></u>	\$ <u><u>712,288.66</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

2002 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Town Manor Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0038000

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE 773-286-3883 FAX #: 773-286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	Totals from Page 10B	Totals from Page 10B	\$ 712,288.66	\$ 712,288.66
2.	16-32-116-006-000	Nursing home facility-parking lot	\$ 1,492.47	\$ 1,492.47
3.	16-32-116-007-000	Nursing home facility-parking lot	\$ 1,217.02	\$ 1,217.02
4.	16-32-116-008-000	Nursing home facility-parking lot	\$ 1,898.53	\$ 1,898.53
5.	16-32-116-009-000	Nursing home facility-parking lot	\$ 2,512.77	\$ 2,512.77
6.	16-32-116-010-000	Nursing home facility-parking lot	\$ 2,411.66	\$ 2,411.66
7.	16-32-116-011-000	Nursing home facility-parking lot	\$ 2,075.62	\$ 2,075.62
8.		Related Party - Alden Management	\$ 125,008.00	\$ 8,413.00
9.		Related Party - Forum	\$ 8,317.00	\$ 322.00
10.			\$	\$
		TOTALS	\$ 857,221.73	\$ 732,631.73

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet:
 94,195

B. General Construction Type:
 Exterior
 brick
 Frame
 steel
 Number of Stories
 3

C. Does the Operating Entity?
 ☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?
 ☐ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?
 ☐ YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home	66,775	1991	\$ 1,137,260	1
2					2
3	TOTALS	66,775		\$ 1,137,260	3

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6	249		1992	1992	9,104,204	289,022	30	303,473	14,451	2,635,136	6
7											7
8	related party-forum			1978	15,909		22			15,909	8
9	Improvement Type**										9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
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29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning:

01/01/2003 Ending: 12/31/2003

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Window glass repair	1992	\$ 1,600	\$	10	\$	\$	\$ 1,600		37
38	CSI - boiler repair	1994	3,268		3			3,268		38
39	Tower cleaners - drapery	1995	1,557		5			1,557		39
40	Bartlett heating -pipe insulation	1995	3,700	247	15	247		2,056		40
41	CSI - a/c repair	1995	4,093	409	10	409		3,445		41
42	CSI - a/c repair	1995	4,027	403	10	403		3,389		42
43	CSI - pipe insulation	1995	1,981	132	15	132		1,144		43
44	CSI - chiller HVAC	1996	6,042	604	10	604		4,582		44
45	The floor source - carpet installation	1996	5,345	534	10	534		4,098		45
46	Ward door specialist, Inc. - metal door	1996	1,385	92	15	92		693		46
47	Shalom landscaping - planting	1996	8,000	800	10	800		6,533		47
48	The floor source - carpet installation	1996	6,049	605	10	605		4,436		48
49	Bartlett heating -pipe insulation	1996	18,526	1,235	15	1,235		10,292		49
50	Over charged by Bartlett	1996	(10,500)	(1,400)		(1,400)		(8,482)		50
51	Alden Bennett const. - heating, vent , a/c	1996	69,300	3,465	20	3,465		25,699		51
52	Alden Bennett construction - sanitary sewer lift station	1996	23,921	1,196	20	1,196		8,871		52
53	Arrigo enterprises, Inc. - heating and cooling sys. Cooridor	1996	10,931	547	20	547		4,099		53
54	Misco shawnee, Inc. - tile	1996	9,232	462	20	462		3,424		54
55	Misco shawnee, Inc. - tile	1996	9,020	451	20	451		3,345		55
56	General parts - repair dishwasher	1997	2,139		5			2,139		56
57	Svstem Electric - 120 volt circuit installed and replaced	1997	2,085		5			2,085		57
58	Climate - freon into a/c	1997	6,221		5			6,221		58
59	Long elevator - install new eyes on elevator door	1997	3,180		5			3,180		59
60	A&B cable - outlets installation	1997	11,520		5			11,520		60
61	Arrigo enterprises, Inc. - corridor renovation	1997	24,366	1,218	20	1,218		8,731		61
62	ABC - hvac repairs	1998	39,300	1,965	20	1,965		11,299		62
63	ABC - sanitary sewer lift station	1998	1,259	63	20	63		362		63
64	Coit drapery	1998	12,976	433	5	433		12,976		64
65	CSI - replaced fuse and cleaned ice machine	1998	3,267	327	10	327		1,797		65
66	Wigdahl-replace parking lot timeclock and fixtres	1998	3,703	370	10	370		2,006		66
67	CSI - replace diffusers, bower motor	1998	7,571	757	10	757		4,038		67
68	Kraft paper - extractor	1998	2,071	138	15	138		702		68
69	Kraft paper - extractor	1999	10,000	1,000	10	1,000		4,500		69
70	TOTAL (lines 4 thru 69)		\$ 9,427,248	\$ 305,075		\$ 319,526	\$ 14,451	\$ 2,806,648		70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 9,427,248	\$ 305,075		\$ 319,526	\$ 14,451	\$ 2,806,648	1
2	New horizons - phone system	1999	3,332	333	10	333		1,416	2
3	Advanced parts & services - replace boiler	1999	2,504	125	20	125		584	3
4	Chicago cooling corp - cleaned condensor	1999	1,483	148	10	148		692	4
5	Chicago cooling corp - serviced cond. Water pump	1999	2,230	446	5	446		1,970	5
6	DBS contracting - sprinkler system maint.	1999	1,726	115	15	115		489	6
7	Climater service - repair roooftop exhaust	1999	1,864	186	10	186		777	7
8	Sytem electric - underground pipes, new wires	1999	6,998	350	20	350		1,429	8
9	ABC - excavation work	1999	2,571	257	10	257		1,114	9
10	Alden design	2000	9,940	994	10	994		3,396	10
11	ABC	2000	8,502	850	10	850		3,259	11
12	Fox valley fire & safety	2000	1,887	189	10	189		708	12
13	Switching sys. - replace ATS	2000	3,343	223	15	223		799	13
14	ABC reverse accruals	2000	(2,571)	(257)	10	(257)		(921)	14
15	Tower cleaner - clean & repair drapes & sheers	2000	3,190	620	3	620		3,190	15
16	Chicago backflow, Inc - replace backflow valves	2000	1,806	120	15	120		381	16
17	Alden Bennett Const - seal & stripe parking lot	2000	3,109	311	10	311		985	17
18									18
19	Alden Bennett Construction (wall coverings)	2001	15,529		10			2,847	19
20	Patten (service elevator)	2001	1,547	77	20	77		232	20
21	Patten (water pump)	2001	2,325	116	20	116		339	21
22	CSI coker services (speed reduction unit)	2001	3,779	378	10	378		1,071	22
23	DBS contracting - (lawn sprinkler system)	2001	2,121	141	15	141		354	23
24	Simplex time (fire alarm)	2001	3,675	245	15	245		653	24
25	Simplex time (fire pump)	2001	1,800	90	20	90		240	25
26	GT mech (boiler repairs)	2001	4,701	940	5	940		2,821	26
27	CSI coker services (kitchen steamer)	2001	3,037	607	5	607		1,772	27
28	CSI coker services (pump assembly motor)	2001	3,784	378	10	378		1,072	28
29	The Floor Source (new carpet + labor cost)	2001	13,180	2,636	5	2,636		7,908	29
30	Alden Bennett Construction (time and material billing)	2001	3,177	635	5	635		1,589	30
31	T&T Irrigation Inc (lawn sprinkler system repairs)	2001	2,120	141	15	141		318	31
32	Alden Bennett Construction (carpet material)	2001	6,636	664	10	664		1,991	32
33	Alden Bennett Construction (repair cabinets and tip in various areas)	2001	6,303	1,261	5	1,261		2,731	33
34	TOTAL (lines 1 thru 33)		\$ 9,552,876	\$ 318,398		\$ 332,848	\$ 14,451	\$ 2,852,853	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,552,876	\$ 318,398		\$ 332,848	\$ 14,451	\$ 2,852,853	1
2	CSI Coker -- (booster heater)	2002	1,616	539	3	539		1,032	2
3	CSI Coker -- (dishwasher repair)	2002	1,444	481	3	481		802	3
4	Washtown equipment(motor & valve)	2002	1,577	526	3	526		964	4
5	CSI Coker -- (steam table)	2002	528	106	5	106		176	5
6	CSI Coker -- (steamer)	2002	1,325	265	5	265		442	6
7	CSI Coker -- (dishwasher repair)	2002	2,844	284	10	284		403	7
8	GT Mechincal (wheel bower for air unit)	2002	2,662	532	5	532		799	8
9	CSI Coker (dishwasher repair)	2003	3,128	1,043	3	1,043		1,043	9
10	GT Mechanical (descaling condenser bundle)	2003	1,803	135	10	135		135	10
11	CSI Coker (dishwasher repair)	2003	2,248	312	3	312		312	11
12	Capps Plumbing (kitchen sink repairs)	2003	2,000	33	20	33		33	12
13	Alden Bennett Construction (roof repairs and new carpet)	2003	4,964	414	10	414		414	13
14	Thybony Wallcoverings (Design works)	2003	2,098	105	10	105		105	14
15									15
16									16
17									17
18									18
19									19
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,581,114	\$ 323,173		\$ 337,623	\$ 14,451	\$ 2,859,512	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 9,581,114	\$ 323,173		\$ 337,623	\$ 14,451	\$ 2,859,512	1
2									2
3	Related Party-Forum:								3
4	Leasehold Improvement-Remodeling	1980	16,755		20			16,755	4
5	Leasehold Improvement-Remodeling	1980	1,047		10			1,047	5
6	Leasehold Improvement-Remodeling	1986	559		5			559	6
7	Leasehold Improvement-Remodeling	1990	350		5			350	7
8	Leasehold Improvement-Remodeling	1991	82		5			82	8
9	Leasehold Improvement-Remodeling	1993	7,732		10			7,732	9
10	Leasehold Improvement-Remodeling	1993	6,056		9.7			6,056	10
11	Leasehold Improvement-sign	1994	226	14	12	14		120	11
12	Leasehold Improvement-dryvit	1995	384	24	10	24		203	12
13	Leasehold Improvement-new ac	1999	626	39	15	39		203	13
14	Leasehold Improvement-roof	1985	843	44	19	44		843	14
15	Leasehold Improvement-roof	1994	748	47	15	47		529	15
16	Leasehold Improvement-roof	1997	710	44	15	44		349	16
17	Leasehold Improvement-roof	1998	1,205	75	15	75		507	17
18	Leasehold Improvement-parking lot asphalt	2000	96	32	10	32		63	18
19	Leasehold Improvement-hallway lighting	2001	135	27	10	27		56	19
20	Leasehold Improvement-DAI	2001	169	17	10	17		53	20
21	Leasehold Improvement-bathrooms	2002	630	63	10	63		80	21
22	Leasehold Improvement-Remodeling	2002	91	18	5	18		36	22
23	Leasehold Improvements-Remodeling	2003	1,638	164	10	164		164	23
24	Leasehold Improvements-Remodeling	2003	105	4	4	4		4	24
25									25
26	Related Party-AMS:								26
27	Leasehold Improvement-Remodeling	1993	6,132		7			6,132	27
28	Leasehold Improvement-Remodeling	2002	5,020	627	7	627		4,392	28
29	Leasehold Improvement-Remodeling	2003	5,251	660	7	660		4,611	29
30									30
31									31
32									32
33	Forum Extended Care, LLC-building/building improv	1999		378	40	378		1,896	33
34	TOTAL (lines 1 thru 33)		\$ 9,637,704	\$ 325,450		\$ 339,900	\$ 14,451	\$ 2,912,334	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 223,375	\$ 23,556	\$ 23,556	\$	varies	\$ 124,429	71
72	Current Year Purchases	87,769	5,752	5,752		varies	5,752	72
73	Fully Depreciated Assets	1,088,189	1,701	1,701		varies	1,088,189	73
74								74
75	TOTALS	\$ 1,399,333	\$ 31,010	\$ 31,010	\$		\$ 1,218,370	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	:dodge/other	98- '03	\$ 11,860	\$ 2,052	\$ 2,052	\$	3	\$ 11,658	76
77										77
78	Midwest Transit-bus	2001 bus	2001	49,826	9,965	9,965		5	29,896	78
79										79
80	TOTALS			\$ 61,686	\$ 12,017	\$ 12,017	\$		\$ 41,554	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 12,235,982	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 368,477	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 382,927	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 14,451	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,172,258	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	n/a	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$ n/a	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party - cost is backed out.

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease _____.

9. Option to Buy: ☐ YES ☐ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☐ NO

16. Rental Amount for movable equipment: \$ 9,977 Description: copy machine lease + postage meter rental

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19	<u>related party - AMS</u>	<u>Various</u>	<u>2,313.42</u>	<u>27,761</u>	19
20					20
21	TOTAL		\$ <u>2,313.42</u>	\$ <u>27,761</u>	21

10. Effective dates of current rental agreement:

Beginning 6/30/2002

Ending 6/29/2012

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. 12/31/2004 \$ 1,245,971

13. 12/31/2005 \$ 1,245,971

14. 12/31/2006 \$ 1,245,971

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?	<input type="checkbox"/> YES	2. CLASSROOM PORTION:	3. CLINICAL PORTION:
	<input checked="" type="checkbox"/> NO	IN-HOUSE PROGRAM <input type="checkbox"/>	IN-HOUSE PROGRAM <input type="checkbox"/>
		IN OTHER FACILITY <input type="checkbox"/>	IN OTHER FACILITY <input type="checkbox"/>
		COMMUNITY COLLEGE <input type="checkbox"/>	HOURS PER AIDE _____
		HOURS PER AIDE _____	

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

Skilled nurses on site

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	\$		\$ 226,775	\$		\$ 226,775	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			16,261			16,261	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			206,316			206,316	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	See Page 16A	# of prescrpts				90,313		90,313	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							
10			hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):	See Page 16A					49,119		49,119	13
14	TOTAL			\$		\$ 449,352	\$ 139,432		\$ 588,784	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 8,608	\$ 101,812	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 207,375)	1,646,749	1,646,749	3
4	Supply Inventory (priced at)	1,486	1,486	4
5	Short-Term Investments			5
6	Prepaid Insurance	6,813	21,010	6
7	Other Prepaid Expenses	1,315	1,315	7
8	Accounts Receivable (owners or related parties)	441,098	1,581,459	8
9	Other(specify): Due from 3rd parties/Escrows	126,600	445,160	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,232,669	\$ 3,798,991	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	317,582	317,582	12
13	Land		1,137,260	13
14	Buildings, at Historical Cost		9,104,204	14
15	Leasehold Improvements, at Historical Cost	564,746	564,746	15
16	Equipment, at Historical Cost	373,669	1,323,584	16
17	Accumulated Depreciation (book methods)	(493,885)	(4,779,001)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		128,086	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Financing Fees		88,380	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 762,112	\$ 7,884,841	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,994,781	\$ 11,683,832	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,500,290	\$ 2,500,290	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	399,553	399,553	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	332,833	332,833	30
31	Accrued Taxes Payable (excluding real estate taxes)	19,528	19,528	31
32	Accrued Real Estate Taxes(Sch.IX-B)		734,000	32
33	Accrued Interest Payable	527,933	588,655	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins, exps, idpa, sales tax,etc)	27,477	27,477	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,807,614	\$ 4,602,336	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	811,950	811,950	39
40	Mortgage Payable	985,536	13,592,093	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 1,797,486	\$ 14,404,043	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 5,605,100	\$ 19,006,379	46
47	TOTAL EQUITY (page 18, line 24)	\$ (2,610,319)	\$ (7,322,547)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,994,781	\$ 11,683,832	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (2,548,742)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (2,548,742)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(61,577)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (61,577)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,610,319)	24 *

* This must agree with page 17, line 47.

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 10,117,185	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 10,117,185	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	(15,252)	6
7	Oxygen	8,706	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ (6,546)	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,481	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	318	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	486	19
20	Radiology and X-Ray		20
21	Other Medical Services	55,859	21
22	Laundry	1,320	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 59,464	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	228	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 228	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Various - See Attached	14,362	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 14,362	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 10,184,693	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,762,084	31
32	Health Care	3,547,015	32
33	General Administration	2,622,596	33
B. Capital Expense			
34	Ownership	1,898,376	34
C. Ancillary Expense			
35	Special Cost Centers	799,626	35
36	Provider Participation Fee	136,327	36
D. Other Expenses (specify):			
37	Related Party Salary Allocations		37
38	located in Column I on pages 3 & 4	(519,754)	38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 10,246,270	40
41	Income before Income Taxes (line 30 minus line 40)**	(61,577)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (61,577)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Not Yet Done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

STATE OF ILLINOIS

Page 20

Facility Name & ID Number Alden Town Manor Rehab & HCC

0038000

Report Period Beginning: 01/01/2003

Ending:

12/31/2003

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	2,080	2,176	\$ 82,677	\$ 37.99	1
2	Assistant Director of Nursing	3,579	3,795	74,500	19.63	2
3	Registered Nurses	28,622	29,975	814,579	27.18	3
4	Licensed Practical Nurses	26,808	28,200	615,859	21.84	4
5	Nurse Aides & Orderlies	103,092	110,031	1,275,997	11.60	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,248	2,498	24,689	9.88	8
9	Activity Director	2,056	2,120	32,194	15.19	9
10	Activity Assistants	4,445	4,863	32,816	6.75	10
11	Social Service Workers	2,096	2,160	32,180	14.90	11
12	Dietician					12
13	Food Service Supervisor	2,000	2,160	38,065	17.62	13
14	Head Cook	4,139	4,337	43,137	9.95	14
15	Cook Helpers/Assistants	32,946	35,353	280,318	7.93	15
16	Dishwashers					16
17	Maintenance Workers	2,024	2,160	38,409	17.78	17
18	Housekeepers	22,458	23,624	196,777	8.33	18
19	Laundry	6,313	6,983	67,387	9.65	19
20	Administrator	1,776	1,978	75,469	38.15	20
21	Assistant Administrator	920	920	22,579	24.54	21
22	Other Administrative	4,820	5,660	122,384	21.62	22
23	Office Manager					23
24	Clerical	4,309	4,742	39,831	8.40	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	2,328	2,398	57,983	24.18	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Clinical Support S	2,625	2,821	55,593	19.71	32
33	Other(specify) <u>Alzheimers Aide,A</u>	6,063	3,915	70,654	18.05	33
34	TOTAL (lines 1 - 33)	267,747	282,869	\$ 4,094,077 *	\$ 14.47	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 6,900		35
36	Medical Director	Monthly	125,388		36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	5,976		39
40	Physical Therapy Consultant	Monthly	4,693		40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	52	2,852		44
45	Social Service Consultant	12	660		45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	64	\$ 146,469		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
 (See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Painting	6/95	\$ 13,250	3	\$								
2	Painting	8/95	678	3									
3	Painting	9/95	740	3									
4	Painting	11/95	1,779	3									
5	Painting	12/95	1,315	3									
6	Painting	1/96	2,669	3									
7	Painting	2/96	1,372	3									
8	Rewiring	2/96	2,276	5									
9	Painting	3/96	1,782	3									
10	Fan	3/96	2,012	15									
11	Painting	4/96	3,472	3									
12	See page 22a	1996	18,923	3-15	809	809	809	809	809	809	809	809	809
13	See page 22a	1997	9,243	3	1,477	0							
14	See page 22a	1998	25,643	3	8,548	4,053	0						
15	See page 22a	1999	11,752	3	3,917	3,917	1,959	1,959					
16	See page 22a	2000	28,466	3	4,821	9,489	9,489	4,668	0				
17	See page 22a	2001	5,082	3		1,371	1,692	1,694	322	0			
18	See page 22a	2002	6,523	3			1,379	2,174	2,174	796	796		
19	See page 22a	2003	4,424	3				1,108	1,475	1,474	367		
20	TOTALS		\$ 141,401		\$ 19,572	\$ 19,639	\$ 15,328	\$ 12,412	\$ 4,780	\$ 3,079	\$ 1,972	\$ 809	\$ 809

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
				Useful Life	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	Condenser repair	4/96	2,205	10		221	221	221	221	221	221	221	221
2	Painting	6/96	1,791	3									
2a	Temperature Service Co, Inc	3/96	1,407	15		94	94	94	94	94	94	94	94
2b	Temperature Service Co, Inc	3/96	605	15		40	40	40	40	40	40	40	40
3	Air conditioner repair	6/96	2,711	10		271	271	271	271	271	271	271	271
4	Air conditioner repair	7/96	2,740	15		183	183	183	183	183	183	183	183
5	Painting	7/96	3,445	3									
6	Painting	8/96	2,111	3									
7	Painting	9/96	1,988	3									
8	Painting	11/96	1,104	3									
9	Painting	12/96	828	3									
10	Total to pg 22, line 12		20,935			809	809	809	809	809	809	809	809
11	Repair cooler	2/97	1,646	3		45							
12	Repair boiler	4/97	3,052	3		255							
13	Repair leak	8/97	1,550	3		301							
14	Repair compressor	11/97	1,414	3		393							
15	Repair compressor	12/97	1,581	3		483							
16	Total to pg 22, line 13		9,243			1,477	0						
17	Replace pump motor	2/98	1,719	3		573	48	0	0				
18	Replace belts on fans	4/98	2,348	3		783	195	0	0				
19	Repair boiler	7/98	2,308	3		769	405	0	0				
20	Replace actuator	12/98	1,694	3		565	517	0	0				
21	Painting	3/98	5,083	3		1,694	283	0	0				
22	Painting	6/98	5,415	3		1,805	752	0	0				
23	Painting	10/98	5,564	3		1,855	1,390	0	0				
24	Painting	12/98	1,513	3		504	463	0	0				
25	Total to pg 22, line 14		25,643			8,548	4,053	0	0	0	0		
26	painting>\$1,500 1999	7/99	11,752	3		1,959	3,917	3,917	1,959	0	0		
27	Total to pg 22, line 15		11,752			1,959	3,917	3,917	1,959	0	0	0	0
28	Climate Service Inc (repair HVAC)	1/00	1,703	3		568	568	568	0				
29	Climate Service Inc (repair HVAC)	1/00	1,970	3		657	657	657	0				
30	Capps Plumbing & Sewer (plumbing)	5/00	2,718	3		604	906	906	302	0			
31	GT Mechanical (repair HVAC)	7/00	1,898	3		316	633	633	316	0			
32	Capps Plumbing & Sewer (plumbing)	8/00	1,965	3		273	655	655	382	0			
33	Alden Bennett Construction (painting)	9/00	8,378	3		931	2,793	2,793	1,862	0			
34	Alden Bennett Construction (painting)	11/00	1,502	3		83	501	501	417	0			
35	painting>\$1,500 for 2000	7/00	8,333	3		1,389	2,778	2,778	1,389	0			
36	Total to pg 22, line 16		28,466			4,821	9,489	9,489	4,668	0	0	0	
37	Alden Bennett(paint/wallcover)	11/00	(1,502)	3			(501)	(501)	(501)	-1			
38	Capps(booster system)	1/01	2,705	3			902	902	902	0			
39	Coker(boiler)	4/01	3,879	3			970	1,293	1,293	323	0		
40	Total to pg 22, line 17		5,082			0	1,371	1,694	1,694	322	0	0	
41	GT Mechanical(tower pump)	5/02	1,374	3				305	458	458	153		
42	GT Mechanical(hvac repair)	5/02	2,617	3				582	872	872	291		
43	F.E Moran (smoke detection)	6/02	2,532	3				492	844	844	352		
44	Total to pg 22, line18		6,523			0	0	1,379	2,174	2,174	796	0	
41	Alden Bennett Const.(wall cov	Dec-02	2,654	3					885	885	884		
42	D L Louch Wallcovering (palm	8/03	972	3					135	324	324	189	
43	D L Louch Wallcovering (palm	9/03	799	3					89	266	266	178	
44	Total to pg 22, line19		4,424			0	0	0	1,108	1,475	1,474	367	

Facility Name & ID Number Alden Town Manor Rehab & HCC

STATE OF ILLINOIS

0038000

Report Period Beginning: 01/01/2003

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Ending: 12/31/2003

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc. \$11,151
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 36,613 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 136,327
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 44,207 Has any meal income been offset against related costs? no Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? n/a
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? n/a
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? n/a If no, please explain. not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Town Manor 003-3800
 Reporting Period Beginning 1/01/03
 Reporting Period Ending 12/31/03

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Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(44,207)	Employee Meal
	22	44,207	Employee Meal
22		(5,098)	Uniforms
	10	3,952	Uniforms
	6		Uniforms
	4		Uniforms
	1	469	Uniforms
	3	628	Uniforms
	11		Uniforms
	21	49	Uniforms
<hr/>			
0			Net should be 0